

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14989

State File No.

FILED MAY 9 1953

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>MARION</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u> c. LENGTH OF STAY (in this place) <u>2 WKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MARION</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u> d. STREET ADDRESS (If rural, give location) <u>1103 SIERRA ST. 0</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>KEITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 29, 1888</u>	9. AGE (In years last birthday) <u>64</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD ENGINEER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) <u>CLARK COUNTY, KANSAS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>MRS. ROSE KEITH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rose Keith - Hannibal, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Enlargement of femoral vessels</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> 7 days
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 15, 1953, to April 29, 1953, that I last saw the deceased alive on 4/29/53, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Lanning</u>	23b. ADDRESS <u>504 B & C Building</u> DATE SIGNED <u>5-4-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-31-1953</u>
24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LANNIBAL, MO.</u>
DATE REC'D BY LOCAL REG. <u>5-4-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roger Clark - Hannibal, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44
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RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED MAY 7 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 41217

P. O. Address Honolulu, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.